

*A Brief Historical Note on the Use of Hypnosis and the Treatment of War Neuroses in  
World War II.*

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In 1949 the clinical psychologist and hypnotherapist John G Watkins published 'Hypnotherapy of War Neuroses: A Clinical Psychologist's Casebook,' which is an account of the therapeutic use of hypnosis in the treatment of soldiers suffering from battle trauma and war neuroses.

In the study seventeen case studies are presented covering symptomatology ranging from aphonia, amnesia, suicidal depression, phobia, psycho-genic skeletal-muscular reaction, tremor, conversion hysteria, camptocormia, hysterical paralysis and so on.

The case studies highlight the therapeutic use of hypnosis as a modality of treatment in regard to such diverse forms of symptomatology. The presupposed methodology is significantly influenced by psychoanalytic perspectives on the aetiology and treatment of trauma reflecting the rise of hypnoanalysis in the United States during the War and the post war period.

Notwithstanding, the clinical interest contained in the military use of hypnosis and in the case studies themselves it is interesting to note some peripheral considerations in regard to the historical use of hypnosis in a military context.

Following the tragedy of World War I the problem of traumatised soldiers and civilians became a significant problem not only in terms of the treatment of the psychological sequelae of war trauma but also regarding the capacity of states to maintain the function of waging war when significant proportions of the fighting population were incapacitated. Here, I draw attention to the use of hypnosis as a modality of treatment but also as a therapeutic method enlisted to return traumatised combatants to the fields of conflict.

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In the context of large numbers of traumatised casualties the military was faced with inadequate resources in terms of hospitalization, medication and more general forms of psychological treatment interventions. Given the pressures of war long term treatment and interventions were clearly problematic for the prosecution of war. Given that orthodox psychoanalysis could involve daily sessions over many months or years, psychoanalysis could not be a treatment which fulfilled the utilitarian requirements of the military. Not only the extended course of psychoanalysis but also the lack of psychoanalytic practitioners presented significant practical problems. This led to the military investigating other treatment modalities such as hypnosis, insulin therapy and the narcotic uses of drugs like sodium amytal and sodium pentathol in order to induce abreactive responses in traumatised patients.

The case studies presented all involved soldiers who had returned to the United States for medical and psychiatric treatment having served in such combat zones as Anzio, Monte Cassino, St. Lo, the battle of the Bulge and other arenas of war. On retreat from the primary combat zones if soldiers were exhibiting symptoms of trauma they would be hospitalised in Rear – Echelon hospitals removed from immediate contact with conflict. In addition to drug treatments already mentioned soldiers would be encouraged to engage in social, athletic and other activities considered to be therapeutic. The purpose of the Rear – Echelon treatment was to determine if the patient could be of any further military value in order to be returned to service either in a full or partial military capacity.

Watkins gives an insightful descriptive account of the situation at this stage of treatment which is quoted below:

The more severe the breakdown, the farther back from the combat zone he was sent. And conversely, the farther removed he was from the battle area, the less chance of reconditioning him for combat again. If he could be revived in the rest area and returned in a few days, he might continue to give valuable service as a fighting soldier. After a few months away from combat, however, in the Rear – Echelon hospital, it became impossible to send him back to battle. By the time he had been evacuated to the United States he had developed intensive antagonism and resistance to any type of further military service and thought only in terms of going home to civilian life.' (1946:10)

It is important to note that there is a plurality in the motivations of the soldiers on

return from the combat zone. Watkins notes that many soldiers felt demoralised in having been passed from one medical service to another and anxious concerning being transferred from one hospital facility to another. Many soldiers experienced poor and inadequate treatment at the hands of poorly trained medical staff. It was also common for soldiers to experience guilt in having been separated from their comrades in arms.

In an historical view there is much ineptness in the treatments regarded as suitable for combatants suffering from war trauma. In effect, it is only in the post war period that systematic research was developed to deal more adequately with the sequelae of war trauma. One significant feature is the combination of psychoanalytic approaches and its integration with hypnosis in terms of hypnoanalysis. From this perspective traumatic war symptomatology are related to dynamic factors in individual patient histories relating to earlier childhood experience and dynamic relational factors regarding personal relationships. In adopting an hypno-analytic approach to war trauma the question arises of the inadequacy of the psychoanalytic explanation of trauma and its dynamic aetiology in early life and the war as a cause of traumatic breakdown.

Finally, a question beyond historical considerations is brought to the fore. That is, the use of therapeutic modalities such as hypnosis (among others) as a means of returning traumatised men and women to the original scenes of trauma and horror in war. There is always a danger that therapy can be used in the service of the forces of destruction rather than peace.

Reference: Watkins. J. G. (1949) *Hypnotherapy of War Neuroses: A Clinical Psychologist's Casebook*. New York: The Ronald Press Company.